

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 575209

FILING DATE

APPLICANT(S)

Art. 34 Pre-Amend

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	1	1	1	1			
2		1					
3		2					
4		8					
5		1					
6	1						
7		1					
8		1					
9		1					
10		3					
11	1						
12	1						
13			1				
14			1				
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48							
49							
50							
TOTAL IND.	4		8				
TOTAL DEP.	11	←	9	←			
TOTAL CLAIMS	15		17				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	51						
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96							
97							
98							
99							
100							
TOTAL IND.					↓		
TOTAL DEP.					←	←	←
TOTAL CLAIMS							